ation No. (if known): 10/656,360

Attorney Docket No.: 61254CON(50586)

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MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Amendment Transmittal (1 page)

Amendment

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page)

Charge \$1,000.00 to deposit account 04-1105

Return Receipt Postcard



| AMEN | Docket No. 61254CON(50586) | | | | | | | |
|--|---|---|-----------------------------------|----------------------|--|----------|--|--|
| Applicatio | | Filing | | Examiner | | Art Unit | | |
| 10/656,360-Co | ont. #7835 | Septembe | r 5, 2003 | V. Balasubramanian | | 1624 | | |
| Applicant(s): Mitsunori Ono et al. | | | | | | | | |
| Invention: TRIAZINE COMPOUNDS | | | | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | | | |
| Total Claims | 53 | - 22 = | 31 | x 25.00 | | 775.00 | | |
| Independent Claims | 3 | - 3 = | | x | | | | |
| Multiple Dependent Claims (check if applicable) | | | | | | | | |
| Other fee (please specify): Extension for response within second month 225.00 | | | | | | | | |
| TOTAL ADDITI | | 1,000.00 | | | | | | |
| Large Entity x Small Entity | | | | | | | | |
| No additional fee is required for this amendment. | | | | | | | | |
| Please charge Deposit Account No. 04-1105 in the amount of \$ 1,000.00 . A duplicate copy of this sheet is enclosed. | | | | | | | | |
| A check in the amount of \$ to cover the filing fee is enclosed. | | | | | | | | |
| = | | | | ine imig iee ie eiie | | | | |
| Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No04-1105 as described below. A duplicate copy of this sheet is enclosed. | | | | | | | | |
| x Credit any overpayment. | | | | | | | | |
| x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | | | | |
| | | | | | | | | |
| Jeffrey D. Hsi /// Attorney Reg. No.: 40,024 | | | | | | | | |
| EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 | | | | | | | | |
| (617) 439-4444 | | | | | | | | |
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